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## RECORD OF THE CONCOURS HELD AT PARIS, IN JUNE 1834,

### TO SUPPLY THE VACANCY IN THE CHAIR OF CLINICAL SURGERY, OCCASIONED BY THE DEATH OF BARON BOYER.

[THE following explanation, from an English Journal, of the mode of conducting the Concours in Paris, where men of the most distinguished professional attainments present themselves before the people in a sort of gladiatorial combat of intellect, cannot fail of interesting our readers, as they will not only obtain from it a bird's-eye view of the persons and characteristics of the great surgeons of France, who have confidence enough in their own powers to hazard the experiment, but in the trial lectures, which will be appended, they will also find embodied a mass of valuable practical information.—ED.]

THE Concours, which was lately commenced, for filling the vacant medical chair in the University of Paris, affords us an opportunity of accomplishing an object which we have long desired to effect—that of submitting for the perusal of our readers, a concise but complete account of a concours, as it is held before the Faculty of Medicine in Paris. We do not intend at present to enter upon any consideration of the advantages of the concours as a test of merit. Our purpose is rather, by a register of facts, to enable our readers to form a judgment for themselves on the subject. One thing, however, is palpable, namely, that although under this system the most deserving candidate may not always be successful in his competition, yet that intrigue can never effect the introduction of a professor who is decidedly inferior to his competitors, or unfit for the chair to which he aspires. The publicity of the trial has always been found a sufficient guarantee against an error of that kind, which is so frequent where the concours is unknown.

The trials (*epreuves*), according to which the candidates in a French concours are to be judged, are three in number. The first and second consist in the examination of two patients during a quarter of an hour, and the delivery of a clinical lecture for one hour on the cases so examined. Twenty minutes are allowed to each candidate to arrange his ideas and reflect on the case, immediately after he has examined the patient, and before he commences his lecture.

The third trial consists in a thesis on a subject drawn by lot, for the preparation of which the candidate is allowed a certain number of days, after which he again occupies the chair, and has to support his thesis, during an hour, against the argumentations of his adversaries, who attack him in turn. We should observe, that each candidate delivers two clinical

lectures of an hour, in which he is accompanied, in his examination of the patients, by his competitors and the judges, who examine the patients after him, and note any omissions which he may have made, &c.

Finally, the anterior titles, as they are called, form a third item in the estimation of the candidate's qualifications. These comprise the services he may have rendered to the profession in general, or to the peculiar part of the science connected with the chair for which he competes; his discoveries and improvements, for example, in surgery, his literary qualifications, the works he has written, &c.

The concours of which we propose to furnish a report to our readers, was opened on the 16th of June, at the School of Medicine, to fill the chair of clinical surgery vacant by the death of Baron Boyer.

The first step taken, is the formation of a jury composed of twelve individuals, and these are chosen by lot, partly from the twenty-four professors of the School of Medicine, and partly from the Academy of Medicine; eight of the former being joined to four of the latter.

The first meeting was, as usual, merely preparatory. The names of the jury and of the candidates were declared, and the rules of the concours read aloud by the secretary. The jury was declared to be composed thus:—for the Faculty of Medicine, M. Jules Cloquet, president; M. Paul Dubois, secretary; MM. Dupuytren, Roux, Marjolin, Gerdy, Moreau, and Cruveilhier;—For the Academy of Medicine, MM. Larrey, Amussat, Renault, and Gemelie.

The list of candidates amounted to no less than ten; but one was excluded for not appearing when his name was called over, and a second because he was ineligible, as not having fulfilled the time prescribed by rule from the period of his graduation. There remained, therefore, eight, viz., MM. Lisfranc, Velpeau, Sanson, Blandin, Berard the younger, Langier, Guerbois, and Lepelletier.

The names of MM. Lisfranc, Velpeau, and Blandin, are sufficiently known to the English reader, and do not require any notice on our part. M. Sanson, though perhaps less known on this side the water, enjoys a well-deserved reputation at Paris, as an excellent practitioner, and the author of several excellent works; he is second surgeon to the Hôtel Dieu, and lectured, last winter, during the absence of Baron Dupuytren, to the great satisfaction of a large class of pupils.

M. Berard, brother to the professor of physiology, is a young man of much merit and promise. M. Lepelletier is a provincial surgeon, who, it is said, has quitted a large practice, and the direction of a fine hospital at Mons, to enter the lists against the *élite* of the profession in the capital. Of M. Guerbois we know nothing, except that he is an old surgeon, and was lately placed in the hospital of La Charité, as successor to Boyer.

On gaining entrance into the amphitheatre of the School of Medicine (says our Paris correspondent), which we did with infinite difficulty, although we took care to present ourselves at least an hour before the commencement of the concours, the eye was struck by the spectacle of an immense semicircular room, containing more than 2500 students and professional men of various ranks, whose interest in the events of the concours has been kept up throughout the whole course of the lectures.

Independently of the importance attached to the election of a surgical professor who is to be charged with the clinical instruction of a large body of students, the present concours is rendered doubly attractive on account of the presence of M. Lisfranc, who now comes forward, we believe for the first time, as a candidate for the favor of a community which he has so often exhibited in colors unfavorable, and by many of which he is mortally hated. M. Lisfranc, in fact, although no one can doubt his high talents and reputation as a surgeon, is looked on by the aristocratic part of the profession in Paris nearly in the same light as the Council of the London College of Surgeons might regard a thorough reformer of medical abuses. About ten years ago, when there existed only two hospitals of clinical instruction in Paris, he received charge of *La Pitié*, instituted a new clinique, and soon raised it from obscurity to the reputation which it now possesses of being one of the best schools in which a student can commence his hospital studies. The rising reputation of *La Pitié* soon became an object of jealousy to the official proprietors of the *Hôtel Dieu* and *La Charité*, and a war of the most inveterate nature, which has persisted to the present day, commenced between the professors of the school on the one part and M. Lisfranc on the other. His quarrel with M. Dupuytren, if it did not originate in, was at least fomented by, personal considerations, and frequently gives occasion to a burst of vituperative eloquence directed against the Baron in the midst of a clinical lecture, which has the most dramatic effect. Perhaps it was the desire to see in what manner M. Lisfranc would comport himself before a jury composed of his ancient adversaries, that attracted such a multitude of auditors to the present concours ; and whether it arose from real affection to the professor of *La Pitié*, or, as others said, to annoy M. Dupuytren, who is by no means a favorite, the air rang with thunders of applause, which were repeated during several minutes whenever M. Lisfranc presented himself in the amphitheatre. We can call nothing to mind of a similar nature, except the shouts which sometimes hail Mr. O'Connell when he presents himself to *the association* after a successful campaign of "agitation."

Velpeau was received with a nearly equal degree of affection, arising not only from his popularity, but probably as a testimony of the sympathy so generally felt for the ill treatment he received at the last concours.

The jury, as we have before said, was determined on the 16th of June, when the preliminary measures were gone through. On the 17th one of the candidates, chosen by lots, was accompanied by the jury to the *Hôtel Dieu*, at 4 o'clock, when he examined his two patients, and on returning to the School of Medicine, commenced his lecture about half-past 5. This was repeated by each candidate in turn, and composed the first trial.

We now propose to give as complete a view as our limits will permit, of the lectures delivered by the principal candidates, and shall then notice the thesis and argumentations founded on them, summing up the whole by a review of the anterior titles possessed by each. In this manner we hope to give a good idea of an institution, which, though capable of abuse, is yet accompanied by high advantages. We commence with the lecture of M. Sanson.

[The Lecture must be deferred till our next.]

## USE OF PLASTER OF PARIS IN THE TREATMENT OF FRACTURES.

*To the Editor of the Lancet.*

SIR,—The extensive circulation which your Journal so deservedly enjoys, affords us the best means of communicating to the medical profession a mode of treating simple oblique fractures (particularly those of the thigh), which, although not unknown, has never hitherto been brought into practice. The mode of treatment alluded to is, that of confining the limb by means of plaster of Paris. A recent successful case induces us to submit the subject to the consideration of the profession, at the same time anticipating a difference of opinion as to the expediency of the plan. We recollect, indeed, reading an article, some time since, in one of the medical periodicals, in which a method, proposed for treating fractures with plaster of Paris, was strongly condemned by the editor as *impracticable* and *injudicious;* but as we have heard Baron Larrey say, that during the Egyptian campaigns of Napoleon, he had with benefit employed it in small quantities round fractured limbs, with the idea of preventing irritation during travel, we considered it might be tried without incurring a charge of rashness.

—— *Tinney*, of Walton, near this place, æt. 19, of muscular habit, in the month of December last, broke the right femur, in the upper part of the lower third, by a fall from a cart. The patient was put in Mr. Amesbury's splints. On the following day, the limb being much shortened, gradual extension was made; the pulleys were used a second and third time during the five following days, notwithstanding which the ends of the bones could not be kept in apposition, from the extreme obliqueness of the fracture. Finding, on the sixth day after the accident, that it would be impossible to prevent a shortening of the limb, we determined on the application of the plaster of Paris. A deal box or trough was prepared, six inches in depth, and of sufficient length to take the whole of the limb from the pelvis, and in this box the leg was placed. A hole being made through the end of the box to admit of the pulleys, and the limb being strapped with soap-plaster from the heel to the nates, and well smeared with oil, extension was made from the foot, and the fractured bones were brought in apposition. The plaster of Paris, in a liquid state, was then poured into the box, until it covered the limb to the depth of an inch.

To guard against possibility of inconvenience from tension, as soon as the plaster on the surface had assumed such a consistence as to admit of its being divided by a spatula, a groove, an inch and a half in width, was made in it on the anterior part, extending the whole length of the limb, so that any change which took place might be distinctly observed. The plaster, of course, within five minutes from its first application, assumed a perfect consistence and hardness, and thus the limb remained during five weeks, at the end of which period the apparatus was removed, and the leg found to be perfectly straight and not shortened. The box and plaster mould we have sent to the College of Surgeons, where it may be seen. On inspection of the mould it will be obvious, that, if neces-

sary, the plaster could have been at any moment removed from the limb without the slightest inconvenience to the patient, and in much less time than a bandage.

It has been suggested, that the heat given out by the plaster during the process would be so great as to prove inconvenient; this, however, is not the case. The only inconvenience which arose from the last time of reduction till the union of the fracture, was a little tenderness of the skin, just over the tendo achillis, produced by the web of the pulleys being moulded with the limb, which in future might be avoided by slackening or removing it after securing the thigh.

In consequence of the success which attended this experiment, we have since made several moulds, and are so thoroughly convinced of the superiority of the plan of treatment, that we should not hesitate to apply it to compound fractures. As these observations may, we hope, induce other surgeons to adopt this practice, a few hints will not, perhaps, be wholly undeserving of attention. By mixing *chalk* or *whiting* with plaster of Paris, the composition remains from four to ten minutes, according to the quantity of chalk used, as manageable with the trowel as common mortar. The limb being placed on a board, and extension kept up gradually, till the fracture be reduced, a tolerable quantity of the plaster of Paris and whiting is to be placed far enough round the thigh to include the trochanter major, and to pass between the pubes and scrotum, the latter being protected by means of oiled lint. These two resisting points being secured, the condyles of the femur are to be managed in like manner; the operator may then cover the thigh as much as he pleases in a *simple* case, but in *compound* fracture the plaster should merely be applied so as to unite the points of resistance at the groin with those at the knee. As by possibility inflammation or erysipelas might supervene, the two bodies of plaster of Paris above and below, covering the limb, should be united with a greater or less quantity of the plaster, according to the injury done to the soft parts, so as to admit conveniently of the application of poultices or lotion in case of need.

In fractures of the upper third of the femur, if the bent position should be thought necessary, a single inclined plane will be found most easy to manage, by making extension from the *foot*, the pulleys being fastened to the ceiling; but should the comfort of the patient require relaxation of the flexors of the leg, the condyles might be secured first, and the knee bent afterwards. We have alluded more particularly to fractured *thighs*, as they are the most unmanageable, and most often the cause of shortened limbs.

Although the detail of this mode of treatment has necessarily encroached somewhat on your valuable columns, we hope it will not be thereby inferred that in its application it is attended with more than ordinary trouble to the operator; on the contrary, whilst the benefit to the patient is so great, the surgeon will not find it consume more of his time than the ordinary and more familiar method. This remark arises from the desire we feel to obviate every objection which might be urged against the remedy; but we are confident that the members of our profession are too much alive to the calls of suffering humanity, to allow personal inconvenience to influence them in their selection of a remedy.

Before concluding, we may express our opinion that, in fractures of the neck of the thigh bone, motion of the limb would be more readily prevented by confining both trochanters by means of the plaster of Paris than by any other plan hitherto adopted.

We are, Sir, your obedient servants, BOND & GALE, Surg.

Glastonbury, Somersetshire.

## REMARKS ON THE USE OF IODINE.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—In a late number of your Journal I noticed an article from the Medico-Chirurgical Review, on the effects of Iodine, by Dr. Stokes of Dublin. Several articles have appeared in that work, which were obviously designed to lessen the confidence of the profession in the utility of this medicine, and to excite apprehension of its deleterious effects; and many have been deterred almost entirely from the use of it by these startling reports. But it is believed, notwithstanding, that there are many physicians in this country who are in the almost daily use of it, and that if the results of their experience could appear in your Journal from time to time,* these doubts and fears would ere long be done away, and the powers of iodine would become known and established. To contribute my mite to the accomplishment of these objects is the design of this communication. If it meets your approbation, you are at liberty to insert it.

For four or five years past, I have been in the habit of using iodine in a variety of diseases, and in some instances it has been given with considerable freedom; yet I have never witnessed any of the disastrous consequences that have been attributed to it by European writers: indeed, I can hardly say that I have seen any ill effects from it. In a few instances it has produced an acrid, burning sensation in the stomach soon after it was taken, and in a few others it has acted too freely on the bowels, producing pain and tormina; but these effects have either passed off of themselves, in a short time, or have been speedily removed by opium. Most of the immediate unpleasant effects which it is sometimes liable to produce, I believe, may be prevented by giving small doses of opium with it; and I am also of the opinion that the remote, and more alarming effects, which it is doubtless liable to produce in other cases, may be prevented by the same means.

There are, perhaps, two other reasons why the morbid effects of this article have not occurred in my practice, which ought to be stated. First, I have not ordinarily given it in as large doses as are frequently directed. It is a medicine, which seems adapted to the treatment of chronic diseases only; and in the cases in which it has proved most serviceable in my hands, it has been persevered in for two or three months, and often it has required twice that length of time for it to display its powers fully. Now, it would be manifestly improper to continue it so long, in its max-

* We trust the suggestion of our correspondent will not be unheeded by the readers of the Journal, many of whom doubtless have it in their power to impart essential information in regard to this important subject.—ED.

imum doses, or in as large doses as would be tolerated if it was to be continued but for a short time. It is for want of attention to these considerations, perhaps, more than to any other cause, that its deleterious effects have been so often experienced. The tinct. that I use is made by adding twenty-five grs. of iodine to ʒi. of alcohol. This is as much as the alcohol will dissolve. I have never thought it necessary to resort to heat, or any other means, to increase its solubility, inasmuch as the tinct. made in the way above stated is of sufficiently uniform strength, and is quickly prepared: the iodine being added to the alcohol, and the phial well shaken, it is immediately fit for use. The practice of concentrating the powers of this, and some of the other potent articles, is of doubtful utility. This tinct. is only about half as strong as that commonly recommended. I have given it to the extent of 180 drops a day in a few instances; but the more common rate has been from 90 to 120 drops a day, for an adult. Children require proportionably larger doses of this medicine than adults. In this respect, the same rule will apply to this article that has been applied to calomel. I have never seen the slightest ill effects from it in children, though I have given it to them in many instances. It seems particularly adapted to the treatment of chronic diseases in children. To prevent its unpleasant effects on the stomach, I have always given it largely diluted, and directed a quantity of some liquid nourishment to be taken immediately after it. This, perhaps, may be another reason why its morbid effects have not occurred in my practice.

Case.—Daniel Washburn, a boy aged 18 months, came under my care on the 6th of June, 1833. His mother was of a strumous diathesis, and died of laryngeal phthisis when he was between two and three months old. The child inherited its mother's slender constitution, but a wet nurse was procured for it, after which it grew and was tolerably healthy till it was eleven months old. It was then attacked with inflammation of the left elbow. In about two weeks an abscess was formed, which was opened both upon the upper and under side of the arm, directly opposite the joint. The discharge was considerable at first, but gradually lessened till it amounted to only three or four teaspoonfuls a day.

From the time the local affection appeared, the general health declined, and at the time I first saw him, which was seven months from the commencement of the swelling, the following symptoms were present. Countenance dejected; skin pale, and of a bluish cast; white of the eyes bluish; emaciation considerable; legs and arms quite small, abdomen tumid and large; debility considerable, particularly in the lower limbs, which had not sufficient strength to support the weight of the body; extreme peevishness; appetite variable—sometimes voracious, at others wholly wanting; bowels irregular, being alternately loose, and costive; when in the former condition, the food passing them undigested. The size of the diseased elbow was nearly thrice that of the well arm; the swelling extended about half way from the joint to the shoulder, and the same distance in the opposite direction. It was hard, but not very tender; the skin covering it was not at all discolored, except directly about the openings, from which there was discharged from two to four drachms

of tolerably healthy-looking pus daily. The motion of the joint, though very limited, was not wholly destroyed.

*Treatment.*—The tinct. of iodine was commenced in doses of three drops, and increased one drop each day till seven were taken three times, making twenty-one drops daily. It was continued at this rate for about three months, after which it was increased to thirty drops a day, and continued two months longer, when the general health seemed perfectly restored. The discharge from the elbow had ceased, the swelling was much diminished, and the motion of the joint considerably improved. The good effects of the medicine were manifest soon after it was commenced, by the appetite becoming more natural and uniform, the bowels more regular, and particularly by the patient becoming more pleasant and cheerful. He liked the medicine, and would call for it when it happened to be neglected at the usual time of giving it.

In the winter following there was a return of the disease ; the abscess upon the elbow broke out, and discharged some for a week or ten days. There was also an eruption upon the face and neck, and extensive excoriations about the ears. The iodine was again successful in removing these symptoms, but it was thought necessary to continue it several weeks after they had disappeared, to prevent their return. Some mild mercurial ointment was applied to the excoriations. The child now enjoys good health, has a ruddy, cheerful countenance, and is said to be even more active and playful than children in general. The diseased arm is reduced to nearly its natural size, and he has the use of it nearly as well as the other, though the function of the joint is not perfectly restored.

The constitutional affection, in this case, was the result of the local disease ; but the same combination of constitutional symptoms is often produced by other debilitating causes, especially such as are of long continuance : one of the most frequent of which, is " deficient nutrition from chylopoietic derangement." Some of those chronic affections which are the sequelæ of measles, scarlatina, hooping cough, &c., present many of the same symptoms, and doubtless depend upon a similar state of the system. But it is in this particular form of disease, from whatever cause it may have originated, that I have found iodine very successful of late.

Instead of viewing the derangement of the digestive organs as a remote cause, the disease itself perhaps ought to be considered a variety of the complaint which is so prevalent at the present time, and which has been so fully treated of under the names of marasmus, indigestion, liver complaint, mimosis, mordid sensibility of the stomach, &c. When this disease affects children, it is very liable to develope a strumous diathesis, and this perhaps will account in part for the success that has attended the use of iodine in these cases.

In this disease, as it affects adults, I have also in several instances derived considerable benefit from iodine. Several of the symptomatic local affections have been particularly benefited by it. Leucorrhœa, palpitation of the heart, and a peculiar irritation of the throat, all of which are frequently symptomatic of this disease, have in a few cases yielded entirely to this medicine. I have never derived any benefit from iodine in proctica marisca, or piles, which is also symptomatic of this disease ;

but some of my neighbors have met with a different result. Suppressed menstruation, when symptomatic of this complaint, as is often the case, has been cured by iodine. In one case an abortion occurred in the early months of pregnancy while the patient was using iodine; but the accident in this case I think might be fairly attributed to other causes. In another case it was given for some time and with considerable freedom, in the early stages of pregnancy, and no such result followed. My use of this article in the above complaint, however, has not been sufficiently extensive to enable me to say that it will prove uniformly successful, or that it will generally be the most eligible remedy: nor have my observations in regard to its use in chronic derangement of the digestive organs generally, as it affects adults, been sufficient to enable me to state precisely the indications for it. I shall therefore quit this subject for the present, after stating briefly some of the most important effects it produces when it proves serviceable in this disease, both as it affects adults and children.

1st.—The appetite is improved. This effect has been so uniform and so striking in many instances, that I am induced to resort to iodine in almost all cases where the appetite is wanting, and where the ordinary means for restoring it have failed; and even in those cases in which no other good has resulted from it, and in which, as I have afterwards had reason to believe, it was not an appropriate medicine, the appetite for a time has been improved.

2d.—It promotes digestion. This is manifest from the patient being able to take a larger quantity of food, and with less inconvenience; but more especially from the alvine discharges becoming more natural, both in color and consistence.

3d.—It increases the secretion of bile. This is also shown by the discharges becoming more copious and yellow.

4th.—It promotes the peristaltic action of the bowels. This may be only a secondary effect, or the result of those before stated, or it may produce this effect in the same way that other tonics do. In one case, in which it operated too freely on the bowels, the same effect was produced by moderate doses of the sulphate of quinine, and also by the liquor of arseniate of potash. In some cases it has proved adequate of itself to obviate a moderately torpid state of the bowels, and in some others of a more obstinate character it has been a powerful auxiliary for this purpose.

5th.—The strength is improved. This also may be said to be only the result of the effects previously stated, though it is believed to be one of the direct effects of this article.

It would be highly gratifying to know the experience of others in relation to this subject, whether it may confirm or confute the foregoing statements. C.

*September*, 1834.

## FOREIGN SUBSTANCE IN THE EYE.

[We are obliged to the writer of the following Communication, which certainly describes an interesting case, and we have no recollection of a similar one on medical record.—Ed.]

*To the Editor of the Boston Medical and Surgical Journal.*

Sir,—This morning Mr. Joseph K. Merrick, of Franklin, Delaware County, N. Y. applied to me for advice concerning his left eye, which had been discharging a thick white pus for two years. Mr. Merrick had applied to several physicians for advice, some of whom had treated him constitutionally, and one had recommended and practised electricity.

Upon raising the eyelid, a small substance resembling bone fell out. I suspected necrosis. Upon examining the substance, however, I inquired if he had ever put an eye-stone into his eye; he affirmed he had, and upon a close examination, to our mutual astonishment, this substance proved to be the identical thing.

From this case two profitable inferences may be drawn.

First, that any foreign substance, including the eye-stone, should never be introduced under the lids for the purpose of attracting smaller substances from the folds of the conjunctiva; because the larger substance is capable of producing, and often does produce, a greater irritation than the lesser. Several instances of acute and long-continued inflammation have occurred in my practice, from the ridiculous prescription of an eye-stone; some of these prescriptions have been recommended by physicians.

The second inference which I would draw, is that great injury is often suffered from a superficial view of a case, and especially in diseases of the eyes. In the case before us, if the eye had been properly examined, the cause would have been removed when the irritation was first perceived, and thus a continued and painful disease of two years standing might have been prevented.

When the stone was applied to the eye, Mr. M. supposed he lost it, and thus the true situation of it was unknown.

I am, Sir, yours respectfully, Richard Kissam.

*Hartford, Ct. Sept.* 15, 1834.

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## CASE OF APHONIA SUCCESSFULLY TREATED.

BY W. A. GILLESPIE, M.D. LOUISA CO., VA.

[Communicated for the Boston Medical and Surgical Journal.]

I was called to a negro woman, the property of a Mr. Smith, several miles from my residence. She was supposed by her owner to be laboring under pulmonary consumption, and upon my first visit I seriously feared that would be the event of her case. The most prominent symptom was a loss of the voice. She could not articulate a single word, and it was with great difficulty she could whisper loud enough to be

heard. She had been in this condition several weeks. She was a robust, healthy-looking woman, and her general health had yet suffered but little. She complained of pain about the larynx, extending to the upper part of the sternum. There was a slight cough, but little expectoration, and she complained of tenderness on pressure of the larynx. From these symptoms, I judged chronic or sub-acute inflammation of the larynx to be present. She was put upon the antiphlogistic regimen, was bled and purged, and took diaphoretic powders with small doses of calomel. Blisters were applied over the larynx and trachea and repeated, and to them I attribute the chief part of the cure. They were continued longer than the other means, and under their use the woman perfectly recovered her voice—the cough disappeared, together with the pain and tenderness in the larynx and trachea, and she has for a period of two years since enjoyed good health.—Had this case been neglected or improperly treated, the consequences might have been serious. The inflammation which I judge was present, would probably have ended in ulceration of the mucous membrane of the larynx and trachea, and have extended into the bronchia—hectic fever and the usual symptoms of pulmonary consumption would have followed in the train, and inevitable death would have been the consequence.

*September* 10, 1834.

## SAL JOVIS.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. Editor,—I send you an extract from Quincy's Dispensatory, 12th Ed. Lond. 1749, Part 2, p. 87, as an answer to the queries of your correspondent "W. W." respecting the "Sal. Jovis," or Acetate of Tin.

"Take any quantity of calcined tin; put it into a matrass with as much distilled vinegar as will rise four fingers breadth above it: let it digest three or four days, and stir it in that time often. Then pour off the liquor and put on more three or four times. Filter all the liquors together, and evaporate about two thirds. Then let it stand in a cool place, and it will shoot into salt on the sides of the vessel. Evaporate the liquor again, and continue to repeat the same operation until all is obtained, just as in making sugar of lead." E. A.

*Randolph, Sept.* 18, 1834.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 24, 1834.

## SPURZHEIM'S BRAIN.

The brain of the late eminent and distinguished medical philosopher and phrenologist, Dr. Spurzheim, is now in the possession of Dr. William Grigg, at his room in the Boston Athenæum, carefully sealed up in

a glass vase of alcohol. We were particularly struck with the magnitude of the whole organ, on seeing it the other day—and when the recollection of the acquaintance we had the happiness of enjoying with the man, and the many interesting discourses which we had heard him deliver, rushed to mind, we were overwhelmed with the thought that this was the residence of that mighty intellect, whose influence will be felt as long as useful human knowledge continues to be cultivated.

Dr. Grigg was the most devoted friend of Spurzheim, and closed his dying eyes. We are therefore gratified that he is the possessor of this precious relic, which will unquestionably be transmitted, with care, through him, to the admirers of genius in succeeding generations.

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## RE-APPEARANCE OF CHOLERA IN LONDON.

It will be recollected that Dr. Tytler, the last season, excited considerable attention by announcing his opinion that cholera was developed by living on deteriorated rice*—for which he received that quantum of abuse and ridicule which is ordinarily meted out to those who have the presumption to promulgate doctrines which run counter to old and respected theories, on which are based certain pathological views, redounding to the reputation of those who are servilely governed by them. Notwithstanding the medical ordeal Dr. Tytler passed through, so far from being overpowered and driven back to Jessore, the obscure portion of the globe where he first began those observations which ultimately confirmed him in the truth of his assertions that cholera was not only originated by rice, but even supported by it, he again comes forward, like an undaunted philosopher, positive and unyielding, and warns the country against the direful effects of damaged rice in the London market. It would be worth the trouble for some medical gentleman to make inquiry into the probable quantity of this grain consumed in the United States, and, if possible, ascertain if the mortality in any particular city has had any connection with its consumption. The following letter from Dr. T. is addressed to the editor of the Lancet.

Sir,—The *Cholera* is reported to be again in London—at least so it is stated in one or two of the Newspapers, and in Placards which are posted upon the doors and windows of certain of the newspaper offices. Whether this information be correct, I possess no means of ascertaining. But should it unhappily prove eventually to be the fact that *Asiatic Cholera* or *Morbus Oryzeus* has re-appeared *in this City*, or in any other part of Great Britain and Ireland the following extract from the *London Price Current* of June 3rd, 1834, will satisfactorily explain the cause of this unfortunate circumstance, and abundantly prove that until vigorous measures be adopted to expel *poisonous rice* from the markets of England, the health of the community cannot be considered as secure from this terrible scourge and destroyer of the human race.

"Rice.—Large parcels of Rice continue to be offered at public sale, which enables the buyers to purchase BY PRIVATE CONTRACT AT VERY LOW PRICES; Patna kind has been sold 12*s.* 6*d.* to 13*s.*; ordinary white Bengal at 10*s.* 6*d.* By public sale this day, 2970 Bags Rice ; a part sold rather higher ; the usual buyers are now attracted to Rice *on account of the re-*

* For a full account of Dr. Tytler's views on this subject, see Medical Journal Nos. 20, 21, and 22, Volume IX.

*ported short Corn Crops.*"—From the *London New Price Current* of Tuesday, June 3rd, 1834.

By means of this notice from the Price Current, is strongly verified the assertion made by me before the Medical Society of London last year, and which was vehemently contradicted by some of its members. For we learn, from the Price Current, that *Patna* and *Bengal Rice*, without the slightest attention paid to its quality, is actually being bought up at present (or at least was so in the last month), with the view of realizing a profit upon its sale in the event of a short harvest. In other words, East India rice is now purchased for the purpose of being mixed with the *flour* that forms the bread of the population of England; this being *bona fide* the meaning of the extract which is above quoted from the London Price Current of 3rd of last June. Yours, very obediently,

*London, July 22nd*, 1834. R. TYTLER, M.D.

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## ALCOHOL IN THE VENTRICLES OF THE BRAIN.

THE following paragraphs are at the close of a letter recently received by the editor from a gentleman in a neighboring State, which are published with a view to obtain some light, through our numerous correspondents, having no knowledge ourselves upon the subject.

"I have partly committed to paper a communication for the Journal, and shall, when I deem it sufficiently matured, forward it. It is a case of death from injury of the head; and in its relation, the question arose whether the case of a man who died drunk, and whose brain, in its ventricles, was said to have contained *gin*, could be traced to any authentic source.

"Notice of such a case has been floating in our newspapers, but I am unacquainted with its origin, and should like to be informed if such a case could be authenticated in this country. I have also noticed in a Temperance Address of Dr. Kirk, of Glasgow, such a case. Liquor, having the smell of *whiskey*, and which *burnt with a blue flame*, was found in the ventricles! I view the account as most extraordinary—so much so, as, if solitary, to stagger credibility.

"Perhaps a notice of this query in your Journal would elicit information, if it is not within the present compass of your knowledge; and if it is, a reference to it in the Journal or by letter would be very agreeable."

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## "THE REFORMED MEDICAL COLLEGE."

A CORRESPONDENT at the South writes to the editor as follows:—"I am sorry to see in the list of Medical Colleges in the Journal, 'The Ohio Reformed Medical College at Worthington.' From the best information I can get, it originated from the Steam Quackeries of the Thomsons and others. Some designing men among them, presuming on the credulity of the backwoodsmen, projected the plan of a college to 'lecture down the profession,' under a pretence of being 'medical botanists,' and to supersede the regular faculty by abuse and invective, telling the people that the regulars are '*mineral poison doctors*,' while they are the real *Simon Pures*, giving '*innocent vegetable remedies only*,' which are '*agreeable to nature and not poison, but operate in unison with life*.' I presume you have some knowledge of these quacks. To notice them professionally is cer-

tainly to sully the pages of your excellent Journal. I am informed that the said college is now extinct, or exists only nominally. I will try to procure further information and forward it."

## A NEW WORK.

We acknowledge, with pleasure, the safe arrival of an octavo of 258 pages, just from the press of Sherman & Co., Philadelphia—entitled, "*An Inquiry into the claims of Dr. William Harvey to the Discovery of the Circulation of the Blood; with a more equitable retrospect of that event—to which is added an Introductory Lecture, delivered on the 3d of November, 1829, in vindication of Hippocrates from sundry charges of ignorance preferred against him by the late Prof. Rush. By John Redman Coxe, M.D., Prof. &c., in the University of Pennsylvania.*" In the next paper, we hope to present our readers with an analytical examination of the volume. In the meantime, the author will please accept our thanks for his attentions.

## JEFFERSON MEDICAL COLLEGE.

Some kind correspondent has forwarded us an extra of three columns, of newspaper dimensions, from Lexington, Ky. entitled—"A short and plain Story, against a long and pompous one; or Misrepresentation exposed and Presumption rebuked," which dissects the Jefferson Medical College, trustees and faculty, in a masterly manner, exposing the very ciliary nerves of the corporation. We had occasion to notice the pamphlet—"Annual Announcement of Lectures," last week, and then felt morally certain that a war of words would grow out of such a singular production. For ourselves, we care not a fig how many pupils any institution may have, provided they are well educated.—On the principle of recording the professional doings of the day, this spare notice is given of the Lexington extra.

## DR. PORTER'S TOPOGRAPHY OF PLAINFIELD.

The author of an octavo pamphlet of forty-four pages, Dr. Jacob Porter, lays us under obligations for his polite attentions. At present, we have only read the heads of subjects, being obliged to defer a thorough examination of the scientific part to a more leisure moment. We can speak from personal acquaintance of Dr. Porter's indefatigable industry in medical botany and mineralogy. Though the pamphlet is designed for popular reading by his townsmen, yet there is something interesting in it for the professional man at a distance from the pleasant town which the Doctor so happily describes.

## PLAGUE OF PILLS.

Joseph Webb was convicted, in July last, of manslaughter, before Lord Chief Baron Lyndhurst, of London, for causing the death of Richard Richardson, an apprentice boy, by giving him the famous Morison, *vel* hygeian pills—his disease being smallpox. The testimony brought forward on the trial, shows very clearly that there is quite as much glory in being duped in England, by the arch venders of that ne plus ultra of quack medicines, as in the United States.

Another agent of the manufacturers of these pills has suffered a singular *persecution* in a court of law in Engalnd—notwithstanding his philanthropic exertion in the behalf of poor suffering humanity, in being mulcted in the sum of *five hundred pounds* damage. Dr. Pursell, of Stockbridge, an upright and distinguished practitioner, having been outrageously and shamefully slandered in a case where the nonesuch pills were thrust in by an officious meddling woman, backed by some official of the imaginary British College of Health, appealed to a jury for redress. The case was tried before Chief Justice Tindale, and terminated in the manner already related. It is hoped that the trials in England, and the laughable expositions recently made in court at the city of New York, will have some influence in lessening the sale of this trash. Such profit accrues from the trade, that all those who imitate the originals have carried on an excellent business. Our Yankee pedlars have already a supply in the market at reduced prices.

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## NEW MEDICAL WORKS ANNOUNCED IN LONDON.

Latin and English Celsus, by Dr. Collier.

Physiognomy founded on Physiology. By Alexander Walker, formerly a lecturer on Anatomy and Physiology, Edinburgh. This is said to be a rare production—splendid in conception, arrangement and execution.

A Practical Treatise on Medical Jurisprudence, with explanatory plates. Part I. royal 8vo. To be completed in Part II. which is announced for December next. By Mr. Chitty.

A New System of Organic Chemistry, from the French of F. V. Raspail, with notes and additions by William Henderson, M.D., lecturer on Materia Medica in the University of Aberdeen.

Surgical and Descriptive Anatomy of the Bones, Ligaments and Joints, by W. H. Thomas.

An Investigation into the Remarkable Medicinal Effects resulting from the external application of Veratria. By A. Turnbull, M.D.

Ossa Humana, consisting of numerous highly finished lithographic drawings, by R. B. Cummings, pupil of St. George's hospital—which is spoken of favorably.

Essay on Poisons, embracing their symptoms, treatment, tests, and morbid appearances—to which is appended means for treating cases of suspended animation ; illustrated by twenty-one colored plates. By Thomas Castle, M.D., F.L.C.

Introduction to the Practice of Midwifery, by Denman ; with additions and modern information, by Charles Waller, M.D.

Consumption Curable, &c. &c., by Francis H. Ramadge, M.D.

Practical Illustrations of the most important diseases of the Heart, with sixty colored plates, by Dr. Ramadge, is now in press.

Works of John Hunter, F.R.S., illustrated by fifty-three plates, with notes, by F. F. Palmer, G. G. Barrington, Thomas Bell, R. Lee, R. Owen, and Drewry Ottley—publishing in London by subscription.

Lectures on Physiology, Zoology, and the Natural History of Man, with twelve new engravings. By William Lawrence, F.R.S., 6th edition.

Pathological Anatomy, with Illustrations of Elementary Forms of Disease. By Robert Carswell, M.D. Fasciculus 6th—colored plates.

A Practical Treatise on the Diseases of the Uterus and its appenda-

ges—from the French of Veuve Boivin and A. Duges, with copious notes by G. O. Heming, F.L.S., with plates.

Transactions of the Provincial Medical and Surgical Association, Vol. 2d, with plates.

Signs, Disorders, and Management of Pregnancy, &c. written expressly for the use of females, by Douglass Fox.

A Series of Anatomical Plates, in lithography, by Jones Quin, M.D.

The Anatomy and Operative Surgery of Inguinal and Femoral Hernia. By Valentine Flood, M.D. with eight folio plates.

The above comprises the latest catalogue, it is believed, of medical publications in England. Several of them would find ready sale here, and it is desirable, therefore, that they should be ordered. It is really vexatious that medical works are the last things thought of by those who have agents abroad, and yet no class of readers require to be served earlier than physicians.

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"Remarks on some conditions of the Brain and Nervous System, with cases, &c." by a correspondent, will be published next week. "Medical Reflections, No. I." will also be inserted at the same time.

A second reply to the query in our last respecting the Acetate of Tin, was received too late for this number.

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DIED—In Douglas, Dr. Aaron Batcheller, 52.—At W. Bloomfield, N. Y. of hydrothorax, Dr. Lewis Hodges, a native of Taunton, Mass. 49.—At Wolfeborough, Dr. David T. Lilly, 43.—At Canandaigua, N. Y. Dr. Wm. W. Williams, 72, a graduate of Yale College.

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Whole number of deaths in Boston for the week ending Sept. 20, 36. Males, 21—Females, 15.

Of dysentery, 5—teething, 1—consumption, 4—cholera infantum, 4—infantile, 6—marasmus, 1—apoplexy, 1—inflammation of the bowels, 3—intemperance, 1—gravel, 1—lung fever, 1—old age, 2—dropsy on the brain, 3—inflammation of the lungs, 1.

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## ADVERTISEMENTS.



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